pate of Deposit: March 1, 2006

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

75 Ivor R Elrifi		MAR O		papers. Each addition have its own certifica  Contained the contained the contained to the Matransmitted to the US	nal paper, such as an assignmente of mailing or transmission	for domestic mailings of the for any other accompanying ment or formal drawing, must one mail of the formal drawing of the formal drawing, must one mail of the formal drawing o
TITLE OF INVENTION: U	SE OF COLLAGENASE IN T	HE PREPARATION (	OF NEURAL S	TEM CELL CULTUR	RES	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO. YES	<u>\$1400_</u> \$70	00	\$0	<del>-31400</del> \$700	04/11/2006
EXAMINER		ART UNIT	T UNIT CLASS-SUBCLASS			
HAYES, ROBERT CLINTON		1649	435-380000			•
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  03/06/2006 BABRAHA2 00000071 09890539						document has been filed for
(A) NAME OF ASSIGN	EE	(B) RES	IDENCE: (CIT	Y and STATE OR CO	PLYTRY) FC: 2501	700.00 OP
StemCells	s California, In	c.	Pal	o Alto, CA	FC:8001	30.00 OP
Please check the appropriate	assignee category or categorie	es (will not be printed o	on the patent):	☐ Individual 🛎 C	Corporation or other private g	roup entity Government
4a. The following fee(s) are enclosed:  Solution Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10			Ab. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) Ref. No. 17810-509 NATL						
	MALL ENTITY status. See 37				ALL ENTITY status. See 37 (	
NOTE: The Issue Fee and P	is requested to apply the Issue ublication Fee (if required) wil ords of the United States Paten	I not be accepted from	anyone otner t	re-apply any previous han the applicant; a reg	gistered attorney or agent; or	ation identified above. the assignee or other party in
Authorized Signature	hustinas	Stock			March 1, 2006	
Typed or printed name Christina K. Stock  Registration No. 45,899  This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to						
an application. Confidential submitting the completed ar- this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	oplication form to the USPTO for reducing this burden, showing 22313-1450. DO NOT SE	22 and 37 CFR 1.14. I Time will vary depen- ald be sent to the Chief END FEES OR COMP	ding upon the Information C LETED FORM	is estimated to take 12 individual case. Any conficer, U.S. Patent and IS TO THIS ADDRES	minutes to complete, includi- comments on the amount of to d Trademark Office, U.S. Dep S. SEND TO: Commissioner	ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

Esq.

Express Mail Label No.: EV695509469US Take of Deposit: March 1, 2006 Attorney Docket No: 17810-509 NATL

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Uchida

09/890,539 SERIAL NUMBER:

Robert Clinton Hayes, Ph.D. **EXAMINER:** 

FILING DATE: December 13, 2001 **ART UNIT:** 1649

For:

USE OF COLLAGENASE IN THE PREPARATION OF NEURAL STEM

CELL CULTURES

## MAIL STOP ISSUE FEE

MAR 0 1 2006

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

- 1. Issue Fee Transmittal (1 page);
- 2. Check No. 22082 in the amount of \$730.00 (Issue Fee \$700.00, and Advance Copies of Patent \$30.00);
- 3. Return Postcard.

Although Applicants believe that no additional fees are due in connection with this submission, the Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 17810-509 NATL (SCI-9 NATL). A duplicate copy of this transmittal letter is enclosed.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,

Ivor R. Elrifi, Reg. No. 39

Attorney for Applicants

c/o MINTZ, LEVIN, COHN, FERRIS,

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**Customer Number 30623** 

Date: March 1, 2006